



LIFE CHOICES WOMEN'S CLINIC VOLUNTEER APPLICATION



7th Street Office
8326 N. 7th Street
Phoenix, AZ 85020

McDowell Office
3516 W. McDowell Rd.
Phoenix, AZ 85009

Hope Mobile
...On the move
serving women in our community

Please print Volunteer Application Form, complete and sign, and return to Life Choices:
by fax @ 602-870-7697; e-mail @ info@lcwcaz.org; or mail @ 8326 N. 7th Street, Phoenix, AZ 85020

Date: _____

Full Name: _____
First Middle Last Preferred Nickname

Current Address: _____
Street City State Zip

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email: _____ @ _____

Employer: _____ Occupation/Position: _____
Employer Address: _____
Street City State Zip

Days Available: M T W Th F Sat *Times Available:* Morning Afternoon Evening

Preferred Location: 7th Street Clinic McDowell Clinic Hope Mobile Mom's Room / Boutique

Type of Work interested in: _____

Reason for wanting to work at LCWC: _____

Comments: _____

Languages Spoken: (other than English) _____ Highest Level of Education: High School Grad Some College College Degree Advanced

Volunteer Experience: _____ Field of Study or College Degree: _____

Work Experience: _____
Experience/Training/Counseling regarding: women in crisis unplanned pregnancy adoption abortion parenting

Spirituality/Religion: _____ Position on Abortion: _____ Position on Contraception: _____

Special Skills/ Interests: _____

Volunteer Signature: _____ **Date:** _____

Thank you for your interest in Volunteering with Life Choices Women's Clinic! We will get back with you soon.
If you have any questions or concerns about the information being requested, please contact Sheila Riely, Director.